

MICHIGAN
FY 2005-2006 YEAR-END REPORT

H.R.1, No Child Left Behind Act of 2001

Title IV, Part A: Safe and Drug-Free Schools and Communities Act (Public Law 107-110)

<http://www.michigan.gov/mdch>

Reporting period: July 1, 2005 to June 30, 2006

LEA (Local Educational Agency) or Consortium Name		District Code Number	
Address			
City		State	Zip Code
Year-End Report Contact Person Name		Year-End Report Contact Person Title	
Email Address	Telephone Number		Fax Number

INTRODUCTION: The **Safe and Drug-Free Schools & Communities Act (SDFSCA) Title IV, Part A Year-End Report** contains the information needed to meet the Federal and State reporting requirements. Questions refer to Title IV, Part A drug and violence prevention services provided during the 2004-2005 school year.

Questions concerning this report may be directed to your Office of Drug Control Policy Education Consultant at (517) 373-4700. The Year-End Report must be submitted online using MEGS. Other forms of submission are not accepted.

REPORTING STATUS:

NUMBER OF DISTRICTS REPORTING DATA:

(Note: If an LEA report, enter "1" and if a consortium, enter "total number" of districts.)

☐ **LEA (District) Report**

☐ **Consortium Report**

CATEGORY:

If an LEA, enter "1" for each category that is applicable. If a consortium, enter total LEAs providing the following funded services:

Alcohol, tobacco, and other drug prevention? _____ Violence prevention? _____

DEADLINE FOR SUBMISSION: Friday, August 26, 2006

Office of Drug Control Policy
FY 2005-2006 Year-End Report
Advisory Council

Agency _____ District Code _____

1. Advisory Council

- a. Indicate the number of times and dates the applicant advisory council met during the past year.

Number: _____

Dates:

- b. List the activities that the applicant's advisory council has been involved in during the reporting period, and what are their accomplishments.

- c. Were all stakeholders represented on the Council? If not, why?

Office of Drug Control Policy
FY 2005-2006 Year-End Report
Non-Public School Participation

Agency _____ District Code _____

2. Non-Public School Participation

- a. Number of eligible Non-Public Schools _____
- b. Number of participating Non-Public Schools _____
- c. Summarize your efforts to involve all eligible non public school children in Title IV, Part A programs and services.

Office of Drug Control Policy
FY 2005-2006 Year-End Report
Implementation: Process Evaluation

Agency _____ District Code _____

3. Implementation: Process Evaluation

- a. Were all programs and activities listed in the 2005-2006 Title IV, Part A application implemented with the quality and accuracy intended by the program developers?

☐ Yes ☐ No

If not, please explain:

- b. Were facilitators adequately trained to conduct the program or provide the strategy/service?

☐ Yes ☐ No

If not, please explain:

- c. Were there any obstacles/challenges?

☐ Yes ☐ No

If so, what steps were taken to remedy these problems?

- d. What were the reactions of the students, staff, and administrators to the program?

- e. What changes occurred in leadership or personnel? What effect did these changes have?

Office of Drug Control Policy
FY 2005-2006 Year-End Report
Community & Parental Involvement

Agency _____ District Code _____

4. Community & Parental Involvement

Describe how parents and community groups were involved in Title IV, Part A programs and activities.

Office of Drug Control Policy
FY 2005-2006 Year-End Report
Progress Towards Goals: Outcome Evaluation

Agency _____ District Code _____
LEA _____ District Code _____
Outcome Goal _____

5. Progress Towards Goals: Outcome Evaluation

a. Specify the following for this outcome goal:

1. Sample size(s) _____
2. Age or grade level _____
3. Type of measurement (i.e. pre-test/post-test)

b. List the program(s) implemented for this outcome goal.

c. Were the outcomes collected on schedule?

☐ Yes ☐ No

If not, provide the reason(s) and a plan to collect the data:

d. Progress Summary

Office of Drug Control Policy
FY 2005-2006 Year-End Report
Progress Towards Goals: Outcome Evaluation (cont'd)

Agency _____ District Code _____
LEA _____ District Code _____
Outcome Goal _____

- e. Is/Are the program(s) recognized by USDOE or some other federal agency as effective (e.g. promising and exemplary)?

☐ Yes ☐ No

- f. Were there observed examples of student changes in attitudes/behaviors that seem directly related to the program?

☐ Yes ☐ No

If yes, please explain:

- g. Did the local evaluation design utilize a comparison group or control group?

☐ Yes ☐ No

Office of Drug Control Policy
FY 2005-2006 Year-End Report
Students & Parents Served

Agency _____ District Code _____

6. Students Served

Total number of students served with SDFSCA funds at each level:

Elementary School _____ Middle School/Junior High _____ High School _____

Total number of parents served with SDFSCA funds: _____